



CANDIDATE APPLICATION

Written and Practical Examinations
Cranes & Digger Derrick Certifications

***This application must be fully completed to obtain results and/or Certification.**

First Name	Middle Name	Last Name	Locater Code – First 4 of Last Name & Last 4 of SS#

Address where you want your certification card to be mailed.	City	State	Zip Code
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E-mail where you would like to receive your exam results sent.	CELL / Alternate Phone
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Employer

Please check one: Initial Retake Recertification

Written Exams

- Package (all written exams)
- General Exam
- Crane Specialty Exam
- Digger Derrick Specialty Exam

Practical Exams

- Package (all practical exams)
- Crane – Stationary Control Telescopic Boom
- Crane – Rotating Control Telescopic Boom
- Digger Derrick (inclusive of all control types)

Candidate Attestation

As the signee below, I verify that information provided in this document is true to the best of my knowledge. I agree to adhere to EICA’s current policies and procedures, follow EICA’s Ethics Code, and consent to the release of information regarding this application and any test results as determined by EICA policies. I have passed a substance abuse test, meet and will comply with the current ASME B30.5 Standard for the operator responsibilities. I fully understand that failure to meet the ASME B30.5 Standard or EICA policies and procedures, may result in suspension or revocation of my operator certification. I will notify EICA within 30 days if conditions arise that could affect my certification status and will cooperate with EICA in any investigation where I may be an interested party or have knowledge thereof. EICA owns the certifications and can revoke for violating Code of Ethics Policy.

I understand that in consideration for my participation in the EICA Exam Testing, I will be notified of my pass/fail status when a determination has been made regarding my exam results. I understand that I must complete the certification process within 14 months from passing my first exam.

Candidate Signature

Date

Please check if you wish to request accommodations for special needs. Please see EICA’s Testing Accommodations Policy and Form.